

## Commit to Health Pre-Survey: Parent/Caregiver

Name:

**Email:**

## Camp

**Name:**

**Street Address:**

City, State:

Date:

**Note: By providing your name you agree to allow us to contact you again to ask additional questions, and to use your data below as a comparison to data we will collect at the end of the summer and again in late winter 2015. After we enter your responses, your name will be removed so your confidentiality will be maintained.**

Please indicate how many times a week you consume the following (think about all of the places where you consume food/drinks: home, work, restaurants, etc.).

[illegible][illegible]

Name: \_\_\_\_\_

Please indicate "yes," "no," or "I don't know" to the following:	No	Yes	I don't know
10. Have you heard of The OrganWise Guys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you heard of the USDA MyPlate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever planted a food garden at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel that your child knows what kinds of foods are the best for keeping his/her body healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the camp your child attends have nutrition standards (such as serving a fruit or vegetable at each meal, serving no fried foods, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate "yes," "no," or "Somewhat, but I want to learn more" to the following:	No	Yes	Somewhat, but I want to learn more
15. Do you know what kinds of foods are the best for keeping your body healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you know the difference between nutritious and unhealthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel you know how to cook/prepare healthy foods for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are nutritious foods an important part of your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you know what foods have lots of fiber in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you know what proteins are low in fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do know what dairy foods are low in fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you know which foods have the most antioxidants in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you what the large intestines do in your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you know what foods are healthy for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you know how to plant a garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you for answering this survey!***